1

How to: Fill out the Contractor Key Request Form



Primary Building Coordinator must fill in the top portion of the form for our records This information is required so we can cross-reference the validity of the individual

> CONTRACTOR KEY REQUEST FORM North Carolina Department of Administration Division of Facility Management-Security Systems 919-733-1800

| BUILDING COORDINATOR: | Click or tap here to enter name | REQUEST DATE | Click or tap to enter a date. |
|------------------------|---------------------------------|---------------|---------------------------------|
| DEPARTMENT - DIVISION: | Click or tap here to enter name | BUILDING NAME | Click or tap here to enter name |
| MSC# and Zip Only: | Click here to enter address | TELEPHONE # | Click here to enter number |
| REQUESTOR | Click or tap here to enter name | BUILDING NAME | Click or tap here to enter name |
| COMPANY | Click or tap here to enter name | ADDRESS | Click here to enter addres |

TELEPHONE #

Click here to enter number

3. KEYS FOR TEMPORARY ACCESS TO STATE PREMISES FOR AUTHORIZED CONTRACTORS WILL SUBJECT SAID CONTRACTORS TO FOLLOW AND ACCEPT THESE GUIDELINES BEFORE KEYS CAN BE DISTRIBUTED

Click here to enter address

+1+

KEY DEPOSIT ADDRESS:

- a) FMD Security Systems is the only authorized agency to duplicate keys for State Government Facilities
- b) The Building Coordinator shall process the electronic form by utilizing the AIM\ReADY Web Portal
- c) Only (1) individual shall be listed as the keyholder per form
- d) A \$100.00 deposit is required for EACH Key
- e) Only checks are approved means of payment (Credit Cards are not acceptable means of payment)
- f) Payments are to be made for each person keys are assigned to (1 check per keyholder i.e. user)
- g) All checks will be deposited within 7 days of receipt in following with Fiscal management guidelines
- h) The Requesting Party is RESPONSIBLE for CONTROL and USE of each key
- i) In the event of the termination of the person to use key, the key shall be returned to Security Systems
- j) If key is changing hands Security Systems MUST be notified to re-assign the key to the new personnel
- k) When keys are returned to Security Systems the reimbursement forms will be processed within 7 days, then the DOA Fiscal Management Division will return deposits to the address listed in the reimbursement section 2

| KEY CODE | ROOM # or DESCRIPTION | KEY HOLDER NAME | DL LAST 4 OR NC STATE ID # | SECURITY SYSTEMS USE ONLY |
|------------|--------------------------|----------------------|-------------------------------|---------------------------|
| Enter code | Enter number | Click to enter text. | Enter number | |
| Enter code | Enter number | Click to enter text. | Enter number | |
| Enter code | Enter number | Click to enter text. | Enter number | 8 |

I hereby understand and agree to abide by these terms and conditions

| KEY PICKED UP BY: | KEY ISSUE DATE: |
|-------------------|-----------------|
| SIGNATURE: | RECEIVE DATE: |

| WORK ORDER NUMBER | COMPLET | TION DATE |
|-------------------|---------|-----------|
| MAN HOURS | COMPLET | ED BY |

2

How to: Fill out the Contractor Key Request Form

General rules and guidelines for Contractors and Sub-Contractors

CONTRACTOR KEY REQUEST FORM North Carolina Department of Administration Division of Facility Management-Security Systems 919-733-1800

| 1. COMPLETE THIS PORTION FOR ORDERING PURPOSE | 1. | COMPL | ETE TH | S PORTION | FOR ORDERING | PURPOSE |
|---|----|-------|---------------|-----------|--------------|---------|
|---|----|-------|---------------|-----------|--------------|---------|

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| MSC# and Zip Only: | Click here to enter address | TELEPHONE # | Click here to enter number |
| REQUESTOR | Click or tap here to enter name | BUILDING NAME | Click or tap here to enter name |
| COMPANY | Click or tap here to enter name | ADDRESS | Click here to enter address |

2. COMPLETE THIS PORTION FOR REIMBURSMENT PURPOSES

| REIMBURSEE NAME | - 17 | Click here to enter name | TITLE | Click or tap here to enter title |
|----------------------|------|-----------------------------|-------------|----------------------------------|
| KEY DEPOSIT ADDRESS: | | Click here to enter address | TELEPHONE # | Click here to enter number |

3. KEYS FOR TEMPORARY ACCESS TO STATE PREMISES FOR AUTHORIZED CONTRACTORS WILL SUBJECT SAID CONTRACTORS TO FOLLOW AND ACCEPT THESE GUIDELINES BEFORE KEYS CAN BE DISTRIBUTED

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| Enter code | Enter number | Click to enter text. | Enter number | |
| Enter code | Enter number | Click to enter text. | Enter number | 3 |

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| KEY PICKED UP BY: | KEY ISSUE DATE: | |
|-------------------|-----------------|--|
| SIGNATURE: | RECEIVE DATE: | |

| WORK ORDER NUMBER | COMPLETION DATE | |
|-------------------|-----------------|--|
| MAN HOURS | COMPLETED BY | |





Fill all applicable form blocks for key request.

The application will not be processed unless these blocks are filled out correctly.

CONTRACTOR KEY REQUEST FORM North Carolina Department of Administration

Division of Facility Management-Security Systems 919-733-1800

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| Enter code | Enter number | Click to enter text. | Enter number | - 20 |

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|-------------------|-----------------|---|
| SIGNATURE: | RECEIVE DATE: | |

| WORK ORDER NUMBER | COMPLETION DATE | |
|-------------------|-----------------|--|
| MAN HOURS | COMPLETED BY | |



Key holder will print, sign and date when they pick-up key(s).

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| Enter code | Enter number | Click to enter text. | Enter number | |
| Enter code | Enter number | Click to enter text. | Enter number | 2 |
| Enter code | Enter number | Click to enter text. | Enter number | 3 |

I hereby understand and agree to abide by these terms and conditions

| KEY PICKED UP BY: | KEY ISSUE DATE: | - 6 |
|-------------------|-------------------|-----|
| SIGNATURE: | RECEIVE DATE: | |

THIS SECTION IS FOR SECURITY SYSTEMS USE ONLY

| WORK ORDER NUMBER | COMPLETION DATE | |
|-------------------|-----------------|--|
| MAN HOURS | COMPLETED BY | |

Revision III / 07-27-2020

It is the Building Coordinators responsibility to input the Contractor reimbursement information.

The DOA Fiscal Dept. will then *forward the deposit* to the address provided by the Building Coordinator.

CONTRACTOR KEY REQUEST FORM
North Carolina Department of Administration
Division of Facility Management-Security Systems
919-733-1800

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|------------|--------------------------|----------------------|-------------------------------|---------------------------|
| Enter code | Enter number | Click to enter text. | Enter number | |
| Enter code | Enter number | Click to enter text. | Enter number | 7 |
| Enter code | Enter number | Click to enter text. | Enter number | 0 |

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| KEY PICKED UP BY: | KEY ISSUE DATE: | 6 |
|-------------------|-----------------|---|
| SIGNATURE: | RECEIVE DATE: | |

| WORK ORDER NUMBER | COMPLETION DATE |
|-------------------|-----------------|
| MAN HOURS | COMPLETED BY |

Addendum:

- Accepted forms of deposit are:
 - Personal Check
 - Company Check
 - Cashier's Check
- The form and photo copied information, i.e. Personal Checks, Company Checks, Cashier's Checks, Driver's license, or State ID's, etc. will be kept on file until the keys are returned for deposit.
- Once keys have been returned Security Systems will send the reimbursement form to the DOA Fiscal department for processing.
 - The reimbursement check will be sent to the address supplied by the Building Coordinator.

 (Form Section 2.) Fig. 5
- After the reimbursement process is complete Security Systems will retain all records for (7) years per State requirements.

Any questions or inquiries can be forwarded to:

Security Systems Office
 120 West Lane Street
 Raleigh, NC 27603
 919-733-1800 x203

Security.systems@doa.nc.gov